

Case Number:	CM15-0211424		
Date Assigned:	10/30/2015	Date of Injury:	09/29/2011
Decision Date:	12/15/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 31-year-old male, who sustained an industrial injury on 09-29-2011. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for major depressive episode and somatic symptom disorder. Treatment and diagnostics to date has included cognitive behavioral therapy, physical therapy, psychiatric treatment, and medications. Recent medications have included Cymbalta, Nucynta, Zanaflex, Lidoderm, Lyrica, Ibuprofen, and Norco. Subjective data (09-01-2015 and 09-15-2015), included depression, isolation, and anger. Objective findings (09-15-2015) included depression and hopelessness. The Utilization Review with a decision date of 10-20-2015 non- certified the request for cognitive behavioral therapy x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cognitive behavioral therapy, quantity: 12 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Mental Illness & Stress Procedure Summary Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 2015 update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy, which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The Official Disability Guidelines (ODG) recommends a more extended course of psychological treatment. According to the ODG, studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: up to 13-20 visits over a 7-20 weeks (individual sessions) if documented that CBT has been done and progress has been made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to a meta-analysis of 23 trials. Decision: A request was made for 12 sessions of cognitive behavioral therapy; the request was non-certified by utilization review which provided the following rationale for its decision: "Review of prior utilization review decision dated August 7, 2015 indicates that an additional cognitive behavioral session X6 was certified. There is no documentation that the claimant has utilized all the sessions. Therefore, the medical necessity the requested cognitive behavioral therapy times 12 sessions is not established." This IMR will address a request to overturn the utilization review decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. The provided medical records indicate the medical necessity and appropriateness of continued L patient cognitive behavioral therapy treatment. According to a psychological treatment progress notes (September 1, 2015 as well as previous notes from July and August 2015) patient is still experiencing psychological symptomology at a clinically significant level, in addition there has been some reports of functional improvement to cope with symptoms of depression and passive suicidal homicidal ideation including increased use of coping skills, breathing, cognitive techniques and ship but to decrease anxiety and agitation. Patient also appears to be reportedly following his psychotherapy and psychiatric treatment plan. Because medical necessity, based on the provided documentation, has been established, the utilization review decision for non-certification is medically necessary.